BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I						O)		SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column 1)		(Column 2)]	TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			22					RATE	FEE	ر پکور	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 ² minus 20=		• 2			X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS			/ minus 3 =		1			X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM P			RESENT		•			+135=		OR	+270=	
*If the difference in column 1 is			less than ze	ro, ente	"0" in column 2			TOTAL			TOTAL	826
CLAIMS AS A			MENDED	- PAR	TII	T II				3.3	ÓTHER	1. 2. 10.1
1.0		(Column 1)		(Colui	mn 2) 👚	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENTA	ξ.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	••		=		X\$ 9=	的基準	OR	X\$18=	
	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+270=	. 1 3
		1023544	+135=	agent and and	OR	TOTAL						
											ADDIT. FEE	
्रिक्ट व्यक्त		(Column 1)		(Colui		(Column 3)	1 -					
AMENDMENT		REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	1	X\$ 9=	, FEE	OR	X\$18=	FCC
	Independent	•	Minus	***	· · · · · · · · · · · · · · · · · · ·	= '	1 h	X40=	·		X80=	2 - *
	FIRST PRESE	JLTIPLE DEF	ENDENT	CLAIM	CLAIM			9.2.3	OR	700=		
					randiga ya wa ma wa wat a			+135=		OR	+270=	
						•		TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)					•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=			X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT						J ├			OR		
	* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.									OR	+270=	
"* If the "Highest Number Previously Paid For" IN THIS SPACE is I so than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE												
		mber Previously Pai ber Previously Pai					er four	nd in the app	ropriate box	in col	umn 1.	